

1. Are you a caregiver? ☐ Yes ☐ No  
If yes, who needs to know you will not be coming to take care of them?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Do you pick up someone from ☐ school, ☐ daycare, ☐ adultcare? ☐ Yes ☐ No If yes, please provide  
Name of person: \_\_\_\_\_  
Facility Name/Phone: \_\_\_\_\_
3. Do you have a pet at home?  
☐ Yes ☐ No

Attach  
recent  
PHOTO  
here

**IN AN EMERGENCY  
CALL 911**



**Date the information was last updated:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NAME**

**NICKNAME**

**Preferred Spoken Language**

For more information, please call the  
Governor's Office of Highway Safety:  
Tucson: (520) 790-5124  
Phoenix: (602) 255-3216

Use pencil and keep info current

**Personal Information**

First Middle Last Name

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

**Hospital Preference**

(This does not guarantee transport  
to preferred hospital)

**Medical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Company**

\_\_\_\_\_

**Primary Care Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*This program was made possible by:*



**The Honorable Janet Napolitano  
GOVERNOR**

**Richard Fimbres  
Director**

For more information, please call:

Tucson: (520)790-5124  
310 S. Williams Boulevard, Suite 315  
Tucson, AZ 85711

Phoenix: (602) 255-3216  
3030 N. Central Avenue, Suite 1550  
Phoenix, AZ 85012

**[www.azgohs.state.az.us](http://www.azgohs.state.az.us)**



### **The RED BADGE TO SAVE LIVES Program**

This is a Triage Project to help save lives.

The program consists of a Recent Photo, Information Card and a RED BADGE sticker to be affixed to the front right and rear left of the car window. The card should be filled out in PENCIL and should be updated as needed. After completing the information, the **Red Badge Card should be slipped into the supplied red envelope along with the photo and then placed in your car glove compartment where it should remain all the time except to be updated.**

In the event of an emergency, first responders can identify the vehicle as that of a Red Badge program participant and will know to look inside the glove compartment for this pertinent information.

***\*\*If you sell your car; please remove Red Badge sticker***

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Richard Fimbres**  
**Director**

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